

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | | FILING DATE | | | |
|--|----------|------|------------------------|------|------------------------|--------------|--------------|-------------|------|------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | |
| 2 | | | | | | | 52 | | | | |
| 3 | | | | | | | 53 | | | | |
| 4 | | | | | | | 54 | | | | |
| 5 | | | | | | | 55 | | | | |
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| 7 | | | | | | | 57 | | | | |
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| 14 | | | | | | | 64 | | | | |
| 15 | | | | | | | 65 | | | | |
| 16 | | | | | | | 66 | | | | |
| 17 | | | | | | | 67 | | | | |
| 18 | | | | | | | 68 | | | | |
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| 21 | | | | | | | 71 | | | | |
| 22 | | | | | | | 72 | | | | |
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| 36 | | | | | | | 86 | | | | |
| 37 | | | | | | | 87 | | | | |
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| 41 | | | | | | | 91 | | | | |
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| 48 | | | | | | | 98 | | | | |
| 49 | | | | | | | 99 | | | | |
| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | | | | | 5 | | TOTAL IND. | 5 | | | |
| TOTAL DEP. | | | | | 43 | | TOTAL DEP. | 48 | | | |
| TOTAL CLAIMS | | | | | 48 | | TOTAL CLAIMS | 53 | | | |